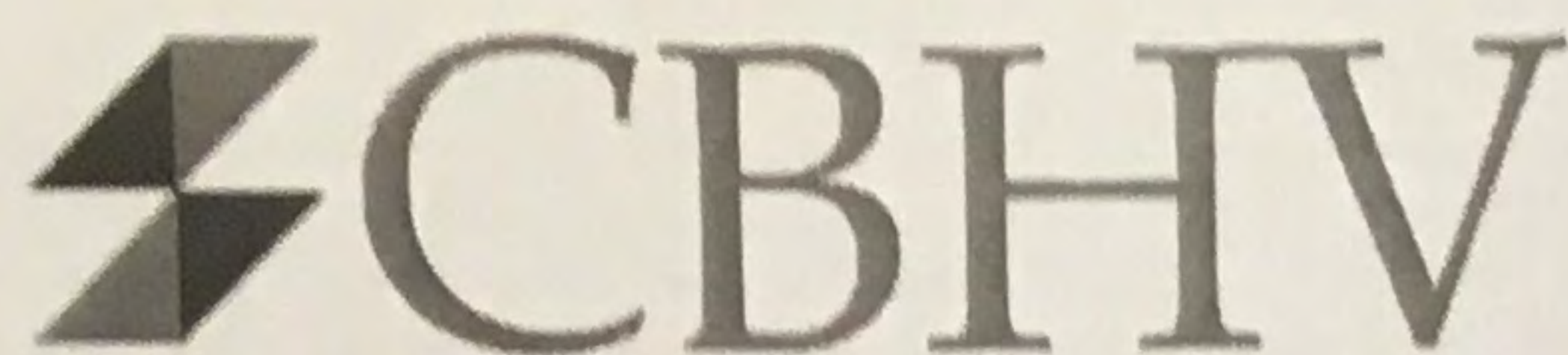




02



COLLECTION BUREAU OF THE HUDSON VALLEY, INC.

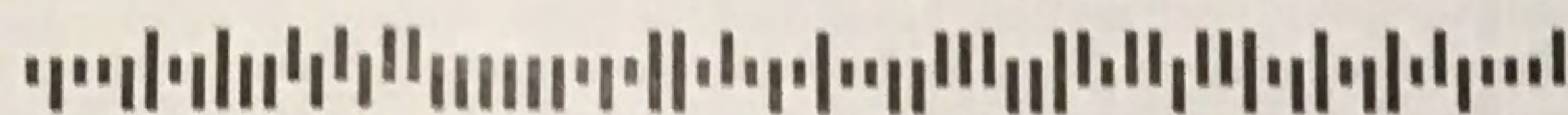
CBHV Reference #:  
[REDACTED] 2208Amount Due:  
\$561.00

DATE: 06/23/17

Change of Address ☐

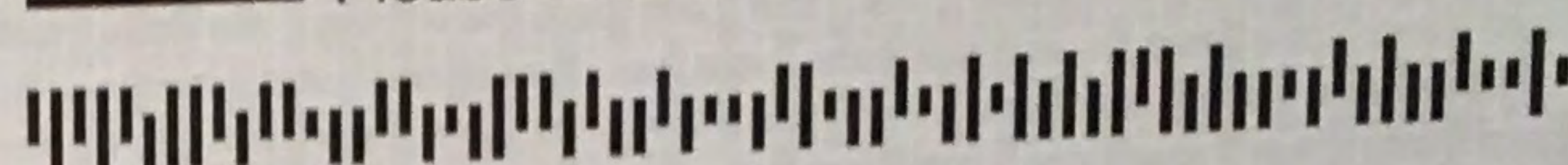
(fill out on reverse side)

1 AB \*A-01-BIP-AM-01797-8

MICHAEL CASTAIN  
558 VILLAGE DR  
HAUPPAUGE NY 11788-3224

Please write your CBHV Reference # on your check.

Please send correspondence to this address.

CBHV  
PO BOX 831  
NEWBURGH NY 12551-0831

DETACH HERE

**NOTICE**

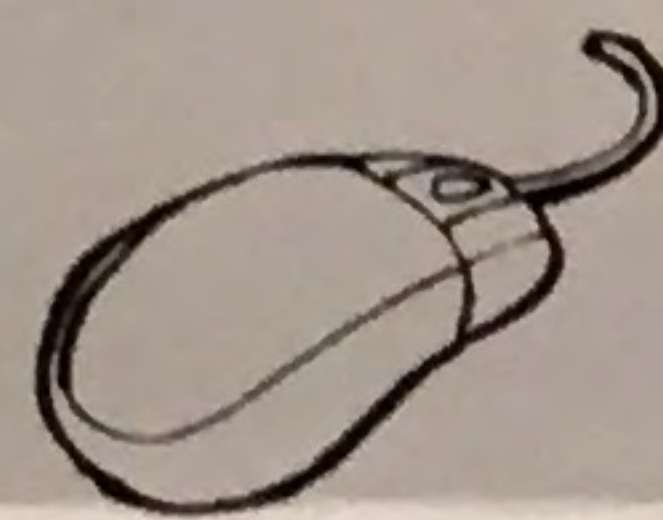
Dear MICHAEL CASTAIN:

Our records show there is still a balance on this past due account. We would like to help you resolve this account. Please contact our office so we can discuss a payment option that works for you.

Please respond to this letter within seven days or we may take additional collection efforts.

Please see reverse side for important information.

Creditor	Account Number	CBHV Reference #	Transaction Date	Amount Due
EMERGENCY AMBULANCE SERVICE INC	[REDACTED] 1413	[REDACTED] 2208	02/03/16	\$561.00

Phone or Web Payment

For inquiries or to make a payment by phone, please call  
MRS REED at (888) 913-7499 or (914) 499-3669.  
To make a secure payment online, please visit  
[www.cbhv.com/make-online-payment](http://www.cbhv.com/make-online-payment)



**Collection Bureau of the Hudson Valley, Inc. - Address and Office Hours (Eastern Time):**

PO Box 831 • 155 North Plank Road • Newburgh, NY 12550

Monday through Thursday: 8:30 AM – 9:00 PM • Friday: 8:30 AM – 5:00 PM • Saturday: 8:30 AM – 12:30 PM

Phone: (845) 561-6880 • (800) 745-1395 • Fax: (845) 913-7403

Member of ACA International Since 1975



NAME

IF ANY OF THE FOLLOWING HAS CHANGED, PLEASE INDICATE AND RETURN:

Your name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Street: \_\_\_\_\_ Business Phone \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Method of Payment (check one)  
 Check Enclosed \_\_\_\_\_ Visa \_\_\_\_\_  
 MasterCard \_\_\_\_\_  
 Acct # \_\_\_\_\_  
 Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Charge Amount: \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Group # \_\_\_\_\_ ID# \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Subscriber: \_\_\_\_\_  
 Subscriber SS#: \_\_\_\_\_

CBHV's hospital clients may have financial assistance programs. If you feel you may qualify for these programs please call and speak to one of our collection specialists at (888) 913-7499.

**New York City**

New York City Department of Consumer Affairs License Number: 0905924

**THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**